

PANEL DISCUSSION ON AGING:  
INTRODUCTORY REMARKS\*

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THOSE who have visited the Equitable Pavilion at the World's Fair have seen the continuous recording of changes in the population of the United States, with a net increase of one person every 12 seconds throughout every hour of every day.

This growing population is not, as is commonly but erroneously thought, an aging one. People who have reached or passed the age of 65 now make up 9.3 per cent of the total population, but in 1980 this percentage will still be essentially the same. Nevertheless there now are nearly 18 million of these older citizens, and by 1980 there will be 5 million more, or 23 million.

The rate of increase in our total population ever outpaces our ability to train sufficient health workers or to construct the necessary facilities required to assure adequate health protection and care for the nation. Large numbers of older people accentuate this problem.

Even so, is the increase in number of people at or past 65 important to industrial physicians whose concern supposedly is with the health of working people who commonly retire at this age, or even earlier? That this is not a paradox, that we already are deeply involved in these problems, presents new and perplexing questions that demand consideration in meetings such as this.

Samples of such questions are:

1) What should be the criteria for evaluation of the suitability of an employee's health status to continuation of his employment beyond usual company retirement age where such exceptions are permissible? Exceptions to the Equitable's mandatory retirement age of 65 are infrequently proposed, but when they are, they *must* have my approval.

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Do the findings of a comprehensive, modern but traditional type of medical examination really give me an adequate, valid basis for my decision?

2) Many companies now provide extensive preparation-for-retirement counseling to employees. How much medical help and guidance are we really prepared to give to those responsible for such programs?

3) How can we develop reliable methods of detecting and evaluating early senile changes, regardless of the employee's chronological age? We know that in employees at or past mid-life there is a distressing prevalence of diseases that develop insidiously, without symptoms, until an explosive event occurs, too often after a point of no return has been passed.

And how can we distinguish true physiological changes from alterations in personality and work patterns that arise entirely from the hopelessness of the veteran worker who has neither the learning capacity nor personal versatility to adapt himself to the complex, new, relentless technological demands of this era? How can we help to minimize the consequent trauma to employees' bodies, minds, spirit, and dignity?

4) Industrial physicians must recognize their increasing responsibilities to help control the huge expense, to their companies, of expanding insured benefits for employees: for death, health care, disability, etc. The trend now is toward extension of these benefits beyond retirement, for life. How can we adjust our thinking and methods, with reasonable confidence, to project our health protection plans for employees not just to, but beyond retirement?

These are a few of the many questions that illustrate the increasingly important task of medical understanding of the aging worker. Ewald E. Busse's paper, "The Early Detection of Aging," discusses a fundamental and early phase of preparation for this work.